2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V72650

Entity Name: ANAGNOSTOU ENTERPRISES, INC.

FILED Aug 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 N. BLVD. WEST 831 NW 24TH

LEESBURG, FL 34748 WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

912 BELLE OAK DRIVE 831 NW 24TH

APT. 121 WEST PALM BEACH, FL 33407 LEESBURG, FL 34748

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANAGNOSTOU, MONA L VS FRANK, FONTANELLA 912 BELLE OAK DRIVE 831 NW 24TH

WEST PALM BEACH, FL 33407 US **APARTMENT 121** LEESBURG, FL 34748 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK FONTANELLA 08/24/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Title: **PRFS** (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ANASNOSTOU, KOSTAS Name: Name: NYVEL S.A.,

912 BELLE OAK DRIVE, APT. 121 Address: **AVDA CORRIENTES 1630** Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: BUENOS AIRES, BS 1001 RA

Title: VS (X) Delete Title: () Change () Addition

ANASNOSTOU, MONA LISA Name: Name: 912 BELLE OAK DRIVE, APT. 121 Address: Address: LEESBURG, FL 34748 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. PIAZZA **PRES** 08/24/2007